

SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL AVE.  
PIERRE, S.D. 57501  
(605)773-4845  
Fax (605)773-4550

**ANNUAL REPORT**  
**DOMESTIC COOPERATIVE**  
**PLEASE TYPE OR USE BLACK INK**

**FILING FEE: \$30 MAKE CHECK PAYABLE TO SECRETARY OF STATE**  
**ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS**

FILE DATE \_\_\_\_\_  
RECEIPT NO. \_\_\_\_\_

1. Corporate Name, Registered Agent and Registered Address:

Telephone # \_\_\_\_\_  
FAX # \_\_\_\_\_  
Federal Taxpayer ID # \_\_\_\_\_  
FILING DATE: Due during the month the  
Certificate of Incorporation was issued, and  
delinquent after the last day of the following  
month.

To report a change in the registered agent and/or office, complete a Statement of Change form.

2. The names and addresses of its directors and officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
_____	Director	_____	_____	_____	_____
_____	Director	_____	_____	_____	_____
_____	Director	_____	_____	_____	_____
_____	President/ Director	_____	_____	_____	_____
_____	Vice President/ Director	_____	_____	_____	_____
_____	Secretary	_____	_____	_____	_____
_____	Treasurer	_____	_____	_____	_____
_____	General Manager	_____	_____	_____	_____

3. A statement by class and par value of the amount of stock it has authority to issue.

NUMBER OF SHARES <u>CAN</u> ISSUE (authorized)	CLASS	PAR VALUE
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4. NUMBER OF SHARES <u>ISSUED</u>	CLASS	PAR VALUE
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5. The general type of business engaged in during the year: \_\_\_\_\_  
\_\_\_\_\_

The information herein contained shall be given as the date of the execution of the report and signed by a principal officer or the general manager.

Dated _____	By: _____ (Signature)
STATE OF _____	Its _____ (Title)
COUNTY OF _____	

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_  
personally appeared \_\_\_\_\_, known to me, or proved to me,  
to be the \_\_\_\_\_ of the corporation that is described in and that executed the within  
instrument and acknowledged to me that such corporation executed the same.

My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

(Notarial Seal)